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24197 7590 07/13/2004

KLARQUIST SPARKMAN, LLP
121 SW SALMON STREET
SUITE 1600
PORTLAND, OR 97204

10/15/2004 HDEMESS2 00000032 10019165

01 FC:2501 685.00 OP
 02 FC:8001 30.00 OP



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Susan Alpert Siegel, Ph.D. (Depositor's name)
 (Signature)
 October 12, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/019,165	12/20/2001	William H. Fleming	899-61868	6245

TITLE OF INVENTION: METHOD FOR ENHANCING HEMATOPOIESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO Yes	XXXX \$685	\$0	XXXX \$685	10/13/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LANKFORD JR, LEON B	1651	424-093700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Klarquist Sparkman, LLP

2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oregon Health & Science University **Portland, Oregon**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies **10**

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge **any additional fees** ~~to be paid by the applicant~~, or credit any overpayment, to Deposit Account Number **02-4550** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William H. Fleming

Application No.: 10/019,165

Filed: December 20, 2001

Confirmation No.: 6245

For: METHOD FOR ENHANCING
HEMATOPOIESIS

Examiner: Leon B. Lankford, Jr.

Art Unit: 1651

Attorney Reference No. 899-61868-01

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP ISSUE FEE, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Agent
for Applicant(s)Date Mailed October 12, 2004

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TRANSMITTAL LETTER

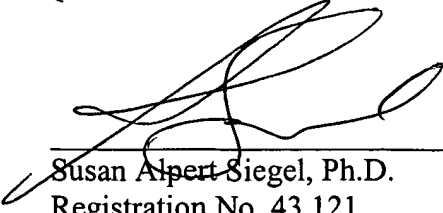
Enclosed for filing in the above-referenced application are the following:

- ☒ In connection with issuance of a patent:
 - ☒ Form PTOL-85b
- ☒ Advance order of 10 copies (Fee \$30.00)
- ☒ Issue Fee (\$685.00)
- ☒ A check in the amount of \$715.00 to cover the above-listed fees.
- ☒ The Director is hereby authorized to charge any additional fees that may be required in connection with issuance of a patent, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By


Susan Alpert Siegel, Ph.D.
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cc: Docketing